Sedgwick County Health Center

Price Transparency Effective January 1, 2020

The healthcare price for any given service is an estimate and the actual charges for healthcare services are dependent on the circumstances at the time the service is rendered.

If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular healthcare service provided by a healthcare provider at this facility. If you are not covered by health insurance, you are strongly encouraged to contact one of our billing office personnel at (970) 474-3323 to discuss payment options. The healthcare prices listed may not reflect the actual amount of your financial responsibility.

In an effort to help our patients understand their healthcare options and cost of care, we are providing pricing for our Emergency Room and the most common inpatient and outpatient charges. The prices listed below do NOT included any additional services, including physician charges, pharmacy, lab or radiology, rendered while in our Emergency Room.

ER Level I $262

ER Level II $393

ER Level III $608

ER Level IV $953 first two hours

ER Level V $2,647 first two hours

Listed below are the top 50 outpatient services performed at Sedgwick County Hospital.

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| CPT Code | | | Outpatient Services | | | | Cost | | |
|  | | |  | | | |  | | |
| 1 | | 97110 | | | THERAPEUTIC EX 15 MIN | $127.50 | | |
| 2 | | 36415 | | | BLOOD COLLECTION | $20.00 | | |
| 3 | | 97140 | | | MANUAL THERAPY 15 MIN | $127.50 | | |
| 4 | | E0446 | | | OXYGEN PER HOUR | $33.00 | | |
| 5 | | G0378 | | | OUTPATIENT OBS EACH ADDITIONAL HOUR | $50.00 | | |
| 6 | | 00100-01999 | | | ANESTHESIA PER UNIT | $12.50 | | |
| 7 | | 80053 | | | COMPREHENSIVE METABOLIC PANEL (14) | $193.00 | | |
| 8 | | 85025 | | | CBC | $73.00 | | |
| 9 | | 99218 | | | OUTPATIENT OBS EACH ADDITIONAL HOUR | $50.00 | | |
| 10 | | G0378 | | | OUTPATIENT OBS W/TELEMETRY EACH HOUR | $64.50 | | |
| 11 | | 84443 | | | TSH | $179.00 | | |
| 12 | | 96365 | | | IV THERAPY | $141.00 | | |
| 13 | | 97116 | | | GAIT TRAINING 15 MIN | $93.00 | | |
| 14 | | 86140 | | | C-REACTIVE PROTEIN QUANT | $108.00 | | |
| 15 | | 80061 | | | LIPID PANEL W/DIRECT LDL | $192.00 | | |
| 16 | | 97530 | | | FUNCTION ACTIVITIES | $133.00 | | |
| 17 | | 83036 | | | HEMOGLOBIN A1C | $108.00 | | |
| 18 | | 99218 | | | OUTPATIENT OBS W/TELEMETRY EACH HOUR | $64.50 | | |
| 19 | | 84439 | | | FREE T4 | $87.00 | | |
| 20 | | 97035 | | | US TREATMENT 15 MIN | $93.00 | | |
| 21 | | 1810 | | | ANESTHESIA NERVE/WRIST/HAND/TENDON(unit) | $12.50 | | |
| 22 | | 97014 | | | E-STIM UNATTENDED 15 MIN | $82.00 | | |
| 23 | | 97110 | | | THERAPEUTIC PROCEDURE | $133.00 | | |
| 24 | | 97530 | | | THERAPEUTIC ACTIVITIES 15 MIN | $139.00 | | |
| 25 | | 96374 | | | INJECTION, IV | $59.50 | | |
| 26 | | 83880 | | | NT-PRO BNP | $165.00 | | |
| 27 | | 80048 | | | BASIC METABOLIC PANEL (CHEM 7) | $150.00 | | |
| 28 | | 97162 | | | EVAULATION MOD COMPX | $258.50 | | |
| 29 | | 84481 | | | FREE T3 | $156.00 | | |
| 30 | | 93005 | | | EKG TRACING ONLY | $213.50 | | |
| 31 | | 93010 | | | EKG INTERPRETATION ONLY | $45.00 | | |
| 32 | | 81002 | | | UA DIPSTICK | $49.00 | | |
| 33 | | 97535 | | | SELF CARE | $133.00 | | |
| 34 | | 71046 | | | CHEST, PA & LATERAL | $248.00 | | |
| 35 | | 85651 | | | SED RATE | $81.00 | | |
| 36 | | A4556 | | | ELECTRODES MONITORING PHILLIP | $12.50 | | |
| 37 | | 97112 | | | NEURMUSCULAR RE-EDUCATION | $133.00 | | |
| 38 | | 82570 | | | URINE CREATININE VALUE | $142.00 | | |
| 39 | | 88305 | | | TISSUE LEVEL 4 | $237.00 | | |
| 40 | | 97012 | | | TRACTION MECHANICAL | $93.00 | | |
| 41 | | 85610 | | | PROTIME POC | $88.00 | | |
| 42 | | 82607 | | | VIT B12 | $121.00 | | |
| 43 | | 81015 | | | URINE MICROSCOPIC | $33.00 | | |
| 44 | | 1480 | | | ANESTHESIA OPEN BONE LOWER LEG FOOT(unit) | $12.00 | | |
| 45 | | 85007 | | | MANUAL DIFFERENTIAL | $55.00 | | |
| 46 | | 85027 | | | CBC W/OUT DIFF | $92.00 | | |
| 47 | | 82306 | | | VITAMIN D, 25 HYDROXY | $231.00 | | |
| 48 | | 82746 | | | FOLATE | $93.00 | | |
| 49 | | 82043 | | | MICROABLUMIN QUANTITATIVE | $170.00 | | |
| 50 | | 84484 | | | TROPONIN I | $183.00 | | |
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Listed below are the top inpatient diagnosis codes for our facility where we had 11 or more patients with the same diagnosis in 2019.

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| Diagnosis Code | Description | Estimated Cost |
| J18.9 | Pneumonia, unspecified organism | $5,688 |
| Z38.0 | Live Born, Infant | 3,804 |
| I50.9 | Heart Failure, unspecified | 9,680 |
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